

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90146 002 \*\*\*\*61.25

0038041

**DOCUMENT # 844771**

1. Entity Name

**RESOLVE INCORPORATED**



Principal Place of Business

**274 NE 24TH COURT  
BOCA RATON FL 33431  
US**

Mailing Address

**274 NE 24TH COURT  
BOCA RATON FL 33431  
US**

44000043



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2198171**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRENNER, STANLEY R. ES  
200 E. PALMETTO PARK ROAD  
SUITE 101  
BOCA RATON FL 33432**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **RAZZARI, MARISA**  
STREET ADDRESS **274 NE 24TH COURT**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **SCHIPS, ILENE**  
STREET ADDRESS **4953 SW 33RD WAY**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Change ☒ Addition  
NAME **MARJUT HERZOG**  
STREET ADDRESS **19348 Country CLUB DRIVE**  
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **D** ☒ Delete  
NAME **RADOSEVICH, MARCI**  
STREET ADDRESS **611 NE 108TH TERRACE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE ☐ Change ☒ Addition  
NAME **BARBARA FRONZAK**  
STREET ADDRESS **1521 MATARO AVE**  
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **D** ☒ Delete  
NAME **FILKOWSKI, GEORGIE**  
STREET ADDRESS **10790 NW 20TH COURT**  
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE ☐ Change ☒ Addition  
NAME **NANCY LITVACK**  
STREET ADDRESS **5844 NW 54th Circle**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33067**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARISA RAZZARI, TREASURER** 1/30/2003 (561) 393-6187

CR2E037 (10/02)